

## **Supplemental Application Data Sheet**

### **Application Information**

<u>Application number::</u>	<u>10/728,173</u>
<u>Filing Date::</u>	<u>12/04/03</u>
Application Type::	Regular
Subject Matter::	Utility
<u>Suggested classification::</u>	<u>705/051</u>
<u>Suggested Group Art Unit::</u>	<u>3621</u>
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
<u>Sequence submission?::</u>	<u>None</u>
<u>Computer Readable Form (CRF)?::</u>	<u>No</u>
Title::	Authenticating Licenses for Legally-Protectable Content Based on License Profiles and Content Identifiers
<u>Attorney Docket Number::</u>	<u>DUC-002</u>
Request for Early Publication?::	No
<u>Request for Non-Publication?::</u>	<u>No</u>
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
<u>Petition included?::</u>	<u>No</u>
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Douglas
Middle Name::	Andrew

Family Name:: Levin  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 16 West Cedar Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02108

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ashesh  
Middle Name:: C.  
Family Name:: Shah  
Name Suffix::  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 12 Heath Hill  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Denmark  
Status:: Full Capacity  
Given Name:: Palle  
Middle Name:: Martin  
Family Name:: Pedersen  
Name Suffix::

City of Residence::	<u>Brookline</u>
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	<u>83 Harvard Avenue, Unit #2</u>
City of mailing address::	<u>Brookline</u>
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>02446-6243</u>

### **Correspondence Information**

Correspondence Customer Number::	<u>051414</u>
----------------------------------	---------------

### **Representative Information**

Representative Customer Number::	<u>051414</u>
----------------------------------	---------------

### **Domestic Priority Information**

### **Foreign Priority Information**

### **Assignee Information**

Assignee name::	Black Duck Software, Inc.
Street of mailing address::	<u>265 Winter Street</u>
City of mailing address::	<u>Waltham</u>
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	<u>02451</u>